

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

87-8289

PLEASE PLACE LABEL IN THIS SPACE

MAY 12 1987

U.S. EPA REGION V

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

C N

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)

870512

I. NAME OF INSTALLATION

CASTING IMPREGNATORS INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

38050 Ridgeway Ave

CITY OR TOWN

45 Skokie

ST.

ZIP CODE

IL 60076

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

58050 Ridgeway Ave

CITY OR TOWN

6 Skokie

ST.

ZIP CODE

IL 60076

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 Koehler David Pres

312-673-8797

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 David Koehler

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

P

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete Item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL

HIGHWAY

☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

| I.D. - FOR OFFICIAL USE ONLY | | | | | | | | | | | | | | | |
|------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| 2 | | | | | | | | | | | | | | | T/A/C |
| W | | | | | | | | | | | | | | | 1 |
| 1 | | | | | | | | | | | | | | | 12 14 15 |

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-----------|---|---|----|----|----|
| 1 A001 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 43 | 44 | 45 | 46 | 47 | 48 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
|----|----|----|----|----|----|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

David E Koehler

DAVID E KOEHLER
PRESIDENT

4-29-87

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

87.8289

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

RECEIVED
PLEASE PLACE LABEL IN THIS SPACE

MAY 12 1987

JWD - MJD
U.S. EPA. REGION V

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COMMENTS

CN

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

FIELD005423983

T/A C

1

1

870512

I. NAME OF INSTALLATION

CASTING IMPREGNATORS INC

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STREET OR P.O. BOX

38050 RIDGEWAY AVE

CITY OR TOWN

ST.

ZIP CODE

4SKOKIE

IL 60076

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STREET OR ROUTE NUMBER

58050 RIDGEWAY AVE

CITY OR TOWN

ST.

ZIP CODE

6SKOKIE

IL 60076

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NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2KOehler David Pres

312-673-8797

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8David Koehler

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

P

A. GENERATION

C. TREAT/STORE/DISPOSE

B. TRANSPORTATION (complete Item VII)

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AIR

B. RAIL

HIGHWAY

D. WATER

E. OTHER (specify):

Cook - 031

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

X A. FIRST NOTIFICATION

B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | | | | | | | | |
|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|
| | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | |
| | F001 | | | | | | | | | | | |
| | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | |
| | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | |
| | | | | | | | | | | | | |
| | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | |

| | | | | | | | | | | | | |
|--|---------|--|---------|--|---------|--|---------|--|---------|--|---------|--|
| | 13 | | 14 | | 15 | | 16 | | 17 | | 18 | |
| | | | | | | | | | | | | |
| | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | |
| | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | |
| | | | | | | | | | | | | |
| | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | |
| | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | |
| | | | | | | | | | | | | |
| | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | | 23 - 26 | |

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| 31 | 32 | 33 | 34 | 35 | 36 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 37 | 38 | 39 | 40 | 41 | 42 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |
| 43 | 44 | 45 | 46 | 47 | 48 |
| 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 | 23 - 26 |

[illegible]

~~4. TOXIC~~
~~(5000)~~

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED _____

EPA Form 8700-12 (6-80) REVERSE



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

5HS-JCK-13

MAY 29 1987

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (Form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of your notification form should be retained for future use.

If you have any further questions regarding hazardous waste activity, please contact our Hotline at (312) 886-4001.

Sincerely yours,

Art Kawatachi, Chief
Information Management Unit
Program Management Section

